

# INTERGENERATIONAL SHARED SITES: Making the Case

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**Occasional Paper #1:** *To Encourage and Expand Intergenerational Shared Site Development*



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## About Generations United:

Generations United (GU) is the national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and public policies. GU represents more than 100 national, state, and local organizations and individuals representing more than 70 million Americans. Since 1986, GU has served as a resource for educating policymakers and the public about the economic, social, and personal imperatives of intergenerational cooperation. GU acts as a catalyst for stimulating collaboration between aging, children, and youth organizations providing a forum to explore areas of common ground while celebrating the richness of each generation.

The photographs in this report are from Generations United's annual Intergenerational Photography Contest sponsored by MetLife Foundation. Credit goes to Mary Beth Burkholder, Richard Derwald, Juliann Joerres, Judy VanEgdon, Harriet Rosenberg, and Linda LeGendre for the photos in the order they appear.



# INTERGENERATIONAL SHARED SITES: MAKING THE CASE

Never before has the opportunity to unite the generations under one roof been greater. The demand for quality children and youth services compounded with the increasing need for creative older adult programs creates an environment ripe for innovative age-integrated care. Additionally, many communities face limited local, state, and national resources for construction and rehabilitation of facilities. The use of space by multiple generations makes common sense.

Successful intergenerational shared sites are uniting younger and older generations through planned activities and informal interaction across the country. However, many individuals and organizations still face the challenge of making the case for innovative age-integrated communities with board and administrative leaders, funders, and the community. This brief aims to provide the facts and figures to help you make the case for an intergenerational shared site program in your community. Divided into three sections, the first provides general information on shared sites, the second on the rationale behind shared sites, and the final section on proven results of these types of programs. For information on addressing some of the challenges that may appear when developing a shared site, see Generation United's companion brief, *Intergenerational Shared Sites: Troubleshooting* available at [www.gu.org](http://www.gu.org).

## INTERGENERATIONAL SHARED SITES

### ***What are intergenerational shared sites?***

Intergenerational shared sites are programs where children, youth, and older adults receive services at the same site. Both generations interact during regularly scheduled intergenerational activities, as well as through informal encounters. While Generations United uses the term "Intergenerational Shared Site" others refer to these types of programs as co-located facilities, intergenerational care, intergenerational day care, or multigenerational centers. The full definition of intergenerational shared sites is programs in which children and/or youth and older adults participate in ongoing services and/or programming concurrently at the same site (or on the same campus within close proximity), and where participants interact during regularly scheduled, planned intergenerational activities, as well as through informal encounters.<sup>1</sup>

Intergenerational shared sites are ideal for building bridges between the generations since:

- more frequent interaction can lead to stronger relationships and better understanding between the generations,
- transportation between the programs is not an issue due to the co-location or close proximity of the programs,

- informal interactions are possible through routine elements such as shared indoor and outdoor spaces, a common entrance for both generations, and ease of movement between the adult programs and children programs, and
- scheduling activities is easier since space is shared, staff are cross-trained, and many sites have an intergenerational coordinator to facilitate activities.

### ***How are intergenerational shared sites structured?***

Intergenerational shared sites vary in structure, but are generally composed of at least two program components: one that serves older adults and another that serves children and/or youth. Many programs are building capacity by offering multiple services including caregiver resource centers, assistive technologies, rehabilitative services, caregiver support groups, field training for college students, etc. In addition to separate spaces, many facilities make use of designated “shared spaces” that are accessible and stocked with materials inviting to both age groups.<sup>2</sup> These spaces can accommodate both populations together and create opportunities for spontaneous intergenerational interaction.

In 1998, AARP released the results of their survey of intergenerational shared sites which laid out the range of shared site program possibilities and reported the most common varieties. Of the 281 shared site programs identified in the AARP study, they noted 72 distinct program models (combinations of older adult and children/youth services). The most prevalent model was the nursing home/child care center model, with 42 such sites identified in the study. The second most common model was the adult day services center/child care center model with 34 sites identified. Multi-level care facilities with onsite child care were identified in 17 sites.<sup>3</sup> To this date, this is the only national survey of shared site programs completed. Generations United has learned of at least 30 additional shared site programs that either were not captured by the survey or have developed in the past 8 years.

Although intergenerational shared sites typically serve participants that are under the age of 12 and over the age of 50, there are also programs that serve middle school, high school and even college-age youth and young adults. Shared sites can serve participants with all levels of physical and mental abilities including older adults with dementia, and children and adults with disabilities. Age and developmentally appropriate activities with specific goals can be developed accordingly to accommodate the abilities and needs of the participants.

## **RATIONALE FOR INTERGENERATIONAL PROGRAMMING**

Young and old people walk the same streets together, but routinely on opposite sides. Primarily in the last 50 years, changes in Western Culture have led to an increased generational disconnect.<sup>4</sup> Technological innovation, a continually changing economy and the weakened role of a family’s elders, are social changes that reduce the potential for age integration.<sup>5</sup> America’s cultural landscape is molding a relatively new sort of segregation, not only by race and class, but by age as well.<sup>6</sup>

## **Demographic Trends**

The population in the United States is aging. In 2000, there were an estimated 35 million people 65 years of age or older, which was 13% of the total population.<sup>7</sup> This compares to only 4.7% of the population in 1920 and 9.9% of the population in 1970.<sup>8</sup> By 2030, the percentage of older people is expected to rise to about 20% or 71.5 million individuals over 65.<sup>9</sup> Between 1930 and 2003, mortality rates declined and life expectancy increased for all persons (all races and sexes) from 59 years to 77 years.<sup>10</sup> With the dramatic increase in the numbers of older adults, opportunities for intergenerational interaction are at an all-time high.



The fastest growing segment of our older population is those over the age of 85. The U.S. Census Bureau projects that the population age 85 and over could grow from 5.1 million in 2005 to nearly 21 million by 2050.<sup>11</sup> This is significant because older adults over the age of 85 have more frequent problems with physical functioning and the highest risk of Alzheimer's disease. By 2050, 14 million older Americans are expected to have Alzheimer's disease if the current numbers hold and no preventive treatments become available.<sup>12</sup>

Despite the increase in the older adult population, community resources are often not keeping pace with the need for adult day care centers, senior housing, assisted living, and caregiver respite support in many communities across the country.

The population under 18 in the United States is also growing. The number of children under 18 grew by 13 percent, from 63.6 million in 1990 to 72.1 million in 2000. The 10-to-14-year group gained almost 20 percent, while 5-to-9 year olds and 15-to-19 year olds each increased by almost 14 percent.<sup>13</sup> In 2005, there were 36.1 million elementary-age children (5-to-13 year olds) and 17.1 million high-school age children (14-17 year olds). There were 20.3 million children under the age of 5.<sup>14</sup> These trends are projected to continue.<sup>15</sup>

In addition, the U.S. minority population is on average younger compared to the population as a whole. In 2005, about one third of the Hispanic, black, and Hawaiian and other Pacific Islander populations were under 18, compared with one-fourth of the total population. About 26% of the Asian population and 29% of the American Indian and Alaska native population was under 18. Twenty-two percent of the non-Hispanic white population was under 18.<sup>16</sup> This too is projected to continue.<sup>17</sup>

## **Need For Care:**

Quality care has become a national concern for children, youth, and older adults. In response, intergenerational shared sites have been structured to simultaneously serve

the needs of multiple generations. These facilities act as a mechanism to bridge the generation gap, provide integrated services, and offer opportunities for young and old to build mutually beneficial relationships.

The increase in the numbers of older adults creates a need for increased services and opportunities. For those older adults in need of formal care, there are a variety of settings, including skilled nursing, assisted living, continuing care retirement communities (CCRC), senior housing, adult day programs, and home health agencies. There are currently one million people living in assisted living residences, 598,000 in CCRCs, 150,000 in adult day programs, and 2.5 million who use home health services. Projections estimate that 12 million older adults will need long term care services by the year 2020.<sup>18</sup> While long-term care residential services are only used by 5% of the older adult population at a given time, 25% to 35% of all older adults are likely to spend some time in a nursing home.<sup>19</sup> The American Association of Homes and Services for the Aging projects that people age 65 face at least a 40% lifetime risk of entering a nursing home. To further illustrate the need for care, there were 3,407 adult day care centers nationwide in 2001. Although this number may seem adequate, it falls dramatically short of the 8,520 centers reportedly needed.<sup>20</sup>

*"After running a co-located child care program at a nursing home for over 20 years, we are now starting to see an unanticipated benefit. The children who attended the center years ago, are now returning as young adults seeking employment as care providers for the residents."*

– Shared Site Administrator

For those older adults not needing formal care, there are also a variety of supportive programs including senior centers, employment programs, transportation services, nutrition and health programs, adult learning, travel, and volunteer programs. While, there are currently anywhere from 10,000 to 16,000 senior centers in the United States,<sup>21</sup> there are also many other projects and settings dedicated to serving the aging population. As the number of such facilities for older adults increases, so do the opportunities for onsite children's and youth programs. Some communities are rethinking single-age centers and either building multigenerational or inter-generational community centers that serve young children through older adults or reformatting existing senior centers or community centers to serve all generations.

Likewise, children and youth spend a great deal of their time in day care centers and schools where they are cared for and educated. Sixty percent of children under six, not enrolled in kindergarten, receive primary care from someone other than their parent with 33% in center-based care.<sup>22</sup> In 2005, there were 335,520 licensed child care programs in the United States.<sup>23</sup> Changes in family structure and increased work hours have contributed to a higher demand for child care services over the last few decades and the ability to secure arrangements is becoming more difficult and costly.<sup>24</sup>



We also know that 14.3 million or 25% of school-aged children take care of themselves afterschool. 6.5 million children are in afterschool programs and the parents of another 15.3 million children say their children would participate in afterschool programs if they were available.<sup>25</sup> There is no data on the number of dedicated teen and youth centers around the country.

### ***Opportunity for Service:***

Intergenerational shared site programs also provide the opportunity for intergenerational volunteer service with younger people serving older people, older people serving younger people, and both generations serving together. Many shared site programs for young children and adults with dementia and other cognitive impairments also involve other older adult volunteers as classroom assistants and in other positions to give children a more complete picture of the many ways people age. In addition, a number of co-located older adult and teen programs have engaged teens to teach computer classes to the older adults.

The numbers of both youth and older adult volunteers speaks volumes for the opportunities for service at shared sites. In 2004, 15.5 million teenagers volunteered, contributing more than 1.3 billion hours of service. That translates into a rate of 55 percent compared to the adult volunteer rate of 29 percent.<sup>26</sup>

Americans over the age of 65 volunteer more time, an average of 96 hours per year, than any other segment of the population and are often the most reliable and committed volunteers.<sup>27</sup> However, only 24.8% of older adults volunteered in 2005 accounting for one of the lowest percentages of volunteering only above adults in their early 20s.<sup>28</sup> Reasons for this low level of engagement has been attributed to limited volunteer opportunities and incentives tailored specifically to this population.<sup>29</sup>



Additional surveys have found higher numbers of older adult volunteers. Recent research by The Urban Institute found more than 6 out of 10 adults age 55 and older engage in some volunteer activity including both service with formal organizations and informally with their neighbors, family members, and community.<sup>30</sup> This service is also extremely valuable to the economy with Americans age 55 and older contributing over \$160 billion to society in 2002 through volunteer activities and time spent caring for family members.<sup>31</sup>

A 2002 survey of adults 50+ found that 59% see retirement as a time to be active and involved, to start new activities, and to set new goals; 56 percent say civic engagement will be at least a fairly important part of retirement; and that working with children was the most appealing volunteer activity among older-adults, with 35 percent seeing that as most enjoyable, followed by service to religious organizations, other seniors, and hospitals.<sup>32</sup>

"I started volunteering as a 6-month old when my mother would take me to visit older people in nursing homes. I still love to volunteer with older people, but now I drive myself."

-16-year old Minnesota teenager

### ***Disconnect Between Generations:***

In the past, it was more common to find ongoing interaction between the generations. Grandparents, aunts, uncles, and other extended family members lived in the same household as children. Older neighbors watched out for all the kids on the block. Even further back in history, grandparents provided critical care to sustain the family. As Dr. William Thomas, founder of the Eden Alternative, proposes in his book, *What are Old People For?*, the advancement and very survival of the earliest humans was predicated by the important role grandmothers played in caring for, especially feeding, young children.<sup>33</sup>

These very natural opportunities for exchange and interaction between the generations are not so prevalent in contemporary society. In communities nationwide, children and older adults alike now spend a great deal of time in age-segregated settings. Economic realities force many younger people to leave their region of origin. Large percentages of older adults have retired to new parts of the country. Although, this trend seems to be waning with recent research showing that only 39% of working adults age 50-65 plan to move after retirement.<sup>34</sup> Still, many families often find themselves living states apart and children sometimes have little, if any, interaction with their grandparents.

There is currently the real opportunity to influence the development of services and settings for children, youth, and older adults using an intergenerational approach. This can not only improve the quality of life for participants, but also improve the quality and effectiveness of services.<sup>35</sup>

## **PROVEN RESULTS**

Although the number of research studies on shared sites is relatively small, the findings of those studies have yielded very promising results. And even though shared sites can serve people of all generations, most of the research has focused on very young children and older adult participants, most typically preschool aged children interacting with older adults in long term care facilities.<sup>36</sup>

There are existing examples of successful intergenerational shared site efforts being implemented in communities across the United States.<sup>37</sup> Many of these programs have

demonstrated exceptional results and have created both a viable and desirable program in their communities. The following are some of the highlights from the research on intergenerational shared sites:

### ***Benefits for Children/Youth:***

- Preschool children involved in intergenerational programs had higher personal/social developmental scores (by 11 months) than preschool children involved in non-intergenerational programs.<sup>38</sup>
- Children who regularly participate with older adults in a shared site program at a nursing home have enhanced perceptions of older adults, persons with disabilities and nursing homes in general.<sup>39</sup>
- In schools where older adults were a regular fixture (volunteers working 15 hours per week) children had improved reading scores and fewer behavioral problems than their peers at other schools.<sup>40</sup>
- The vast majority of parents surveyed believe the intergenerational program is beneficial for their children.<sup>41</sup>

### ***Benefits for Older Adults:***

- For older adults, regular interaction with children results in an atmosphere that is more "family/home-like" and promotes social enrichment and a renewed interest in others.<sup>42</sup>
- Older adults who regularly volunteered with children burned 20% more calories per week, experienced fewer falls, were less reliant on canes, and performed better than peers on a memory test.<sup>43</sup>
- Older adults with dementia or other cognitive impairments experienced more positive affect during interactions with children than they did during non-intergenerational activities. Also intergenerational programs seemed to have a lasting positive effect on participants that carried over to the non-intergenerational activities they were involved in.<sup>44</sup>
- Using modified Montessori activities, adults with mild to moderate levels of cognitive impairment were able to act as mentors to preschool age children and showed significant increased level of constructive engagement accompanied by a decrease in passive engagement when mentoring.<sup>45</sup>
- Adult participants with dementia in an intergenerational music program demonstrated an increase in positive behaviors when children were present compared to when they were not.<sup>46</sup>
- 90% of family caregivers indicated that their family member benefited from the intergenerational program.<sup>47</sup>
- Finally, the majority (97%) of adult participants in a shared site indicated that they benefited from the intergenerational program and reported feeling happy, interested, loved, younger, and needed. The most common aspects of the program that they enjoyed were the children's playfulness and affection.<sup>48</sup>

### **Benefits for Staff:**

- Staff at many shared site programs report positive feelings about the program. This and the added benefit of on-site child care in some models contribute to lower staff turnover.<sup>49</sup>
- Shared site administrators reported the greatest benefits of being co-located were the benefits to staff and participants from their participating in the program.<sup>50</sup>
- Nursing home/child care center programs described significantly greater benefit to staff than did respondents from any other type of shared site program.<sup>51</sup>
  - Reports from corporate employers like Stride Rite<sup>52</sup> and Lancaster Labs indicated that employees are able to work full-time rather than part-time or not at all, when on-site child care is an option.<sup>53</sup>
  - Management principles of employee recruitment and retention come into play when considering how employees decide where to work and the value of various employee benefits. It seems logical that employees would feel secure to see their child(ren) or adult parent(s) periodically and informally in the hallways of their workplace visiting with the other generation.<sup>54</sup>
  - Shared site programs can also enhance career opportunities by providing cross training and professional development for staff.<sup>55</sup>

A number of shared sites have garnered substantial local and national press. Most recently, the *Los Angeles Times* featured shared sites on the front page of the Health Section. This story was picked up by a number of papers around the country and led to appearances on *Good Morning America* and *Today*. There has also been an increase in international interest in shared sites with stories appearing in the media in Australia, New Zealand, and the United Kingdom. In the past, the *New York Times*, *Wall Street Journal*, *Washington Post*, and *Business Week* have all included wonderful stories on the success of shared site programs. In addition to these national publications, many local papers and news programs have embraced the shared site model.

### **Community Relations:**

- The majority of long-term care administrators of co-located long-term care/child care believed that community relations were improved through the positive media coverage resulting from their intergenerational programming.<sup>56</sup>
- Schools with on-site older adult programs reported the greatest benefits from increased community involvement than any of the other program types.<sup>57</sup>

### **Cost-Benefits:**

- Most of the information that exists on cost-savings is anecdotal and suggests that sharing expenses between program components can help to mitigate the additional costs of imple-

menting an intergenerational program.<sup>58</sup> The true cost savings involved in intergenerational shared sites needs to be accurately quantified and described.<sup>59</sup>

- Onsite child care typically added revenue-generating space to long-term care facilities which often report under or unutilized space.<sup>60</sup>
- Officials at U.S. Department of Health and Human Services' shared site programs indicated that the use of shared facilities can result in a decrease in total expenditures for such items as equipment, administrative costs and overhead. These funds could then be used to increase the quality and level of services provided for both older adults and children.<sup>61</sup>
- Although not evaluated, anecdotal evidence from numerous sites around the country have expressed that intergenerational shared site programs allow for the expanded use of resources by utilizing and sharing those readily available. These benefits include shared staff (e.g. nurse, receptionist, occupational therapist, physical therapist, kitchen staff, maintenance, and security) and shared equipment and supplies (e.g. copier, washer/dryer, computers, phones, vans/buses and kitchens).
- Multiple funding streams, including grants, donations, and fees for service can strengthen a program and help to manage any shortages in one area by drawing on other sources as needed.<sup>62</sup>
- A number of shared sites have reported that their intergenerational program has actually helped them to attract funding by opening the doors to new revenue sources such as funding for children, families, education, or aging services.

The results presented here show that an integrated intergenerational shared site approach can make a significant difference in the lives of children, families, and older adults. However, in order to make a stronger case for intergenerational shared sites locally and nationally, we need more research data from a greater number and variety of programs across the country. We encourage all sites to embark on critical evaluations of their programs and services for the betterment of their own programs and to increase the knowledge base for the field.

*"A society of all ages is multi-generational. It is not fragmented, with youth, adults and older persons going their separate ways. Rather, it is age-inclusive, with different generations recognizing - and acting upon - their commonality of interest."*

–Kofi Annan, Secretary General of the United Nations, 1999.

## CONCLUSION

Although some shared sites have been in existence for over 20 years and others are sharing the lessons learned from their programs through research, training and technical assistance, much work still needs to be done. In addition to the need for greater research data, there is also a need to tell the individual success stories from shared sites. We need to paint a vivid picture of the amazing benefits that occur when we bring generations together under one roof. We need more stories like this:

*When one little boy saw his elder friend after a two week absence, his eyes lit up, he ran to her and said excitedly, "I didn't think I was going to ever see you again. I missed you." The elder responded, "I missed you, too." The boy wrapped his arms around the elder's neck and said, "I love you." The elder responded, "I love you, too." The elder was later heard to say, "Did you hear what he said. I didn't think he would remember me."*



We also need to collect facts on the different program examples and information on the new models emerging. Shared sites are bringing together child care programs and adult day programs, integrating before and after school programs in senior centers, and building senior centers within the walls of schools. There are also housing programs for foster and adoptive children that include housing for older adults on the same campus and involve the older adults in the lives of the children. There are college campuses that include on-campus housing for older adults. There are parks that are designed for shared use of both younger and older generations. And there are many more.

Finally, we need to connect shared sites around the country and the world to share lessons learned, to help solve problems, to address policy barriers, and to support one another. For too long, we have been working in isolation. Generations United is committed to assisting the growth of intergenerational shared sites as a means to address the country's growing dependent care needs and to encourage age-integrated communities. We will do this through publications, conferences and trainings, technical assistance, and our web-based resource center ([www.gu.org](http://www.gu.org)) which includes a directory of programs, on-line chats, message boards, and other valuable resources.

Whether children, youth, and older adults are sharing their knowledge and skills or working together on an art project, new relationships develop at intergenerational shared sites. With multiple outcomes of sharing resources (financial, material, and human) and serving young and old, these innovative facilities help build a future that values all generations.

## ENDNOTES

- 1 Goyer, A. (2001). Intergenerational shared site and shared resource programs: current models. *Generations United Project SHARE Background Paper*. Washington, DC: Generations United.
- 2 Epstein, A. & Boisvert, C. (2005). *Let's Do Something Together: A Guidebook for Effective Intergenerational Programs*. Ypsilanti, MI: High/Scope Educational Research Foundation.
- 3 Goyer, A. & Zuses, R. (1998). *Intergenerational Shared Site Project: Final Report*. Washington, DC: AARP.
- 4 Newman, S., Ward C., Smith, T., Wilson, J., McCrea, J., Calhoun, G., et al. (1997). *Intergenerational Programs: Past, Present and Future*. Washington DC: Taylor & Francis Publications.
- 5 Kalache, A. (1996). Ageing worldwide. In Ebrahim, S. & Kalache, A. (Eds.), *Epidemiology in Old Age* (pp. 22-31). London: BMJ Publishing Group.
- 6 Johnson, J. & Bytheway, B. (1994). Ageism: concept and definition. In Johnson, J. & Slater, R. (Eds.), *Ageing and Later Life*. Thousand Oaks, CA: Sage Publications.
- 7 Federal Interagency Forum on Aging-Related Statistics. (November 2004). *Older Americans 2004: Key Indicators of Well-Being*. Washington, DC: U.S. Government Printing Office.
- 8 Cogwill, D. (1974). The aging of populations and societies. *Annals of the American Academy of Political and Social Science*, Vol. 415, p. 1-18.
- 9 Federal Interagency Forum on Aging-Related Statistics. (November 2004).
- 10 National Center for Health Statistics. (2005, February). *National Vital Statistics Reports*, 53 (15).
- 11 U.S. Census Bureau. (May 2006). *Nation's Population One-Third Minority*. [www.census.gov/press-release/www/release/archives/population/0068080.html](http://www.census.gov/press-release/www/release/archives/population/0068080.html) and U.S. Census Bureau. (2004a). *Table 2a. Projected Population of the United States, by Age and Sex: 2000-2050* in "U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin," [www.census.gov/ipc/www/usinterimproj](http://www.census.gov/ipc/www/usinterimproj).
- 12 Rogers, A.B. (2002) *Alzheimer's Disease: Unraveling the Mystery*. (NIH Publication 02-3872). U.S. Department of Health and Human Services, National Institutes on Health, National Institute on Aging. Washington, DC: U.S. Government Printing Office.
- 13 Meyer, J. (October 2001). *Age:2000*. Census 2000 Brief. Washington, DC: U.S. Census Bureau.
- 14 U.S. Census Bureau. (May 2006).
- 15 U.S. Census Bureau. (2004a).
- 16 U.S. Census Bureau. (May 2006).
- 17 U.S. Census Bureau. (2004b). *Table 1a. Projected Population of the United States, by Race and Hispanic Origin: 2000-2050* in "U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin," [www.census.gov/ipc/www/usinterimproj](http://www.census.gov/ipc/www/usinterimproj).

- 18 American Association of Homes and Services for the Aging. (2006). *Aging Services in America: The Facts*. Retrieved 5/31/06 from [www.aahsa.org/aging\\_services/default.asp](http://www.aahsa.org/aging_services/default.asp).
- 19 Whitlatch, C. & Noelker, L. (1996). Caregiving and caring. *Encyclopedia of Gerontology*, Volume 1.
- 20 National Study of Adult Day Services (2002). *Partners in Caregiving: The Adult Day Services Program*, Wake Forest University School of Medicine, Winston-Salem, NC.
- 21 U.S. Administration on Aging. (2003). *Aging Internet Information Notes: Senior Centers*. Retrieved 5/31/06 from [www.aoa.gov/prof/notes/notes\\_senior\\_centers.asp](http://www.aoa.gov/prof/notes/notes_senior_centers.asp).
- 22 Mulligan, G.M., Brimhall, D., and West, J. (2005). *Child Care and Early Education Arrangements of Infants, Toddlers, and Preschoolers: 2001* (NCES 2006-039). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office.
- 23 National Association for Regulatory Administration and the National Child Care Information Center. (April 2006). *Table: Number of Licensed Child Care Programs in 2005 in "2005 Child Care Licensing Study."* Washington, DC: Authors.
- 24 Hofferth, S. (1996, Summer/Fall). Child care in the United States today. *The Future of Children: Financing Child Care*, 6 (2).
- 25 Afterschool Alliance. (2004). *America After 3 PM: A household survey on Afterschool in America*. Washington, DC: Author.
- 26 Corporation for National and Community Service. (November 2005). *Building Active Citizens: The Role of Social Institutions in Teen Volunteering*. Brief 1 in the *Youth Helping America* series. Washington, DC.: Author.
- 27 Bureau of Labor Statistics. (December 2005). *Volunteering in The United States, 2005*. Washington, DC: U.S. Department of Labor.
- 28 *Ibid.*
- 29 Johnson, C (2003). *Infrastructure of Volunteer Agencies: Capacity to Absorb Boomer Volunteers*. Prepared for the Conference on Baby Boomers and Retirement: Impact on Civic Engagement, October 8-10, 2003, Cambridge, MA and published in Center for Health Communication, Harvard School of Public Health. (2004). *Reinventing Aging: Baby Boomers and Civic Engagement*. Boston, MA: Harvard School of Public Health.
- 30 Zedlewski, S. and Schaner, S. (May 2006). *Older Adults Engaged as Volunteers*. The Retirement Project: Perspectives on Productive Aging, Volume 5. Washington, DC: The Urban Institute.
- 31 Johnson, R. and Schaner, S. (September 2005). *Value of Unpaid Activities by Older Americans Tops \$161 Billion Per Year*. The Retirement Project: Perspectives on Productive Aging, Volume 4. Washington, DC: The Urban Institute.
- 32 Peter D. Hart Research Associates. (August 2003). *The New Face of Retirement: An Ongoing Survey of American Attitudes on Aging*. San Francisco, CA: Civic Ventures.
- 33 Thomas, W.H. (2004). *What are Old People For? How Elders Will Save the World*. Acton, Massachusetts: VanderWyk & Burnham.
- 34 MetLife Mature Market Institute. (June 2004). *The Future of Retirement Living*. Westport, CT: Author.



- 35 Goyer, A. (2001).
- 36 Kuehne, V. & Kaplan, M. (2001). Evaluation and Research on Intergenerational Shared Site Facilities and Programs: What We Know and What We Need to Learn. *Generations United Project SHARE Background Paper*. Washington, DC: Generations United.
- 37 For more information on different intergenerational shared site program examples visit [www.gu.org](http://www.gu.org) for the nation's only on-line intergenerational program directory or download Generations United's Fact Sheet on Intergenerational Shared Sites at [www.gu.org/IG\\_Sh8191325.asp](http://www.gu.org/IG_Sh8191325.asp).
- 38 Rosebrook, V. (2006). *Research Indicates: Intergenerational Interactions Enhance Young Children's Personal/Social Skills*. In Press.
- 39 Foster, K. (1997). *Creating a child care center in a nursing home and implementing an intergenerational program*. ERIC Document Reproduction Service: ED 411 053 and Rosenberg, M. (1993). *The design and implementation of an intergenerational program at a private long-term healthcare facility with on-site childcare*. ERIC Document Reproduction Service: ED 364 351.
- 40 Rebok, G.W., et al. (March 2004). Short-Term Impact of Experience Corps® Participation on Children and Schools: Results from a Pilot Randomized Trial. *Journal of Urban Health* Vol 81, No. 1, p. 79-93.
- 41 Rosenberg, M. (1993). and Jarrott, S. & Bruno, K. (2001). *ONE J.O.Y.: A Process Evaluation of an Intergenerational Day Program*. Paper presented at the meeting of the American Society on Aging, New Orleans, LA.
- 42 Foster, K. (1997) and Rosenberg, M. (1993).
- 43 Fried, L.B. et.al (March 2004). A Social Model for Health Promotion for an Aging Population: Initial Evidence on the Experience Corps Model. *Journal of Urban Health* Vol 81, No. 1, p. 64-78.
- 44 Jarrott, S. & Bruno, K. (2003). Intergenerational activities involving person with dementia: An observational assessment. *American Journal of Alzheimer's Disease and Other Dementias*, Vol 18, No. 1, p. 31-37.
- 45 Judge, K.S., Camp, D, Orsulic-Heras, S. (2000) Use of Montessori-based activities for clients with dementia in adult day care: effects on engagement. *American Journal of Alzheimer's disease and other Dementia*. 12: 42-46.
- 46 Newman, S. & Ward, C. (1992). An observational study of intergenerational activities and behavior change in dementing elders at adult day care centers. *International Journal of Aging and Human Development*. 36: 321-333.
- 47 Jarrott, S. & Bruno, K. (2001).
- 48 *Ibid*.
- 49 Goyer, A. (Winter 1998-1999). Intergenerational Shared-Site Programs. *Generations*, vol 22, no. 4. p 79-81.
- 50 Goyer, A. & Zuses, R. (1998). *Intergenerational Shared Site Project: A Study of Co-located Programs and Services for Children, youth and Older Adults – Final Report*. Washington, DC: AARP.
- 51 *Ibid*.
- 52 Although the Stride Rite model demonstrated positive results, the intergenerational

aspect of the program ended in the late-1990s when the corporation moved and the adult day services center was closed. The demise has been attributed to a number of causes including, the move, changes in corporate leadership, and the need to cut costs and focus efforts.

- <sup>53</sup> Van Tuyl, L. (1991; April 15). Day care program bridges generations, *The Christian Science Monitor*, 15.
- <sup>54</sup> Kuehne, V. & Kaplan, M. (2001).
- <sup>55</sup> Hayden, C. (2003). *Financial Analysis and Considerations for Replication of the ONEgeneration Intergenerational Daycare Program*. Oakland, CA; National Economic Development and Law Center.
- <sup>56</sup> Hegeman, C. (1985). *Child care in long term care settings*. Albany, NY: Foundation for Long Term Care, Inc.
- <sup>57</sup> Goyer, A. & Zuses, R. (1998).
- <sup>58</sup> Hayden, C. (2003).
- <sup>59</sup> Stremmel, A., Travis, S. Kelly-Harrison, P., & Hensley, A.D. (1994). The perceived benefits and problems associated with intergenerational exchanges in day care settings, *The Gerontologist*, 34(4), 513-519
- <sup>60</sup> *Ibid.*
- <sup>61</sup> Department of Health and Human Services. (1995). *Co-located intergenerational activities in Department of Health and Human Services' Programs*. (Office of the Inspector General, ADF-IM-91-12). Washington, DC.
- <sup>62</sup> Hayden, C. (2003).



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